

JCS03 U.S. PTO
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 PTO/SB/50 (4/98)
 Approved for use through 09/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

 Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

Attorney Docket No.

First Named Inventor

Dionisio Rio Simoes

Original Patent Number

6,045,360

Original Patent Issue Date
(Month/Day/Year)

April 4, 2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
 (PTO/SB/53 or PTO/SB/54)
 or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
 6. Original U.S. Patent currently assigned?
☐ Yes ☒ No

(If Yes, check applicable box(es))

- ☐
- Written Consent of all Assignees (PTO/SB/53 or 54)
-
- ☐
- 37 C.F.R. § 3.73(b) Statement
- ☐
- Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)(PTO-1449) ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration (if applicable)
10. ☐ Small Entity Statement(s) ☒ Statement filed in prior application, Status still proper and desired (PTO/SB/59-12)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.177), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.181).

14. CORRESPONDENCE ADDRESS

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Registration No. (Attorney/Agent)

25,721

Signature

[Signature]

Date

1/19/2001

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(Reissue Patent Application Transmittal (PTO/SB/50) [17-1.1]—page 1 of 1)

PTO/SB/56 (08-00)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)	
Claims as Filed - Part 1							
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 19	Total Claims (37 CFR 1.16(i))	(B) 19	**** =	x \$	=	or	x \$ =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	=	x \$	=		x \$ =
Basic Fee (37 CFR 1.16(h))				\$		\$ 355	
Total Filing Fee				\$		OR \$ 355	
Claims as Amended - Part 2							
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))		***	MINUS **	=	x \$ =	or	x \$ =
Independent Claims (37 CFR 1.16(i))		***	MINUS *****	=	x \$ =		x \$ =
Total Additional Fee				\$		OR \$	
<p><input type="checkbox"/> If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p><input type="checkbox"/> If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p><input type="checkbox"/> After any cancellation of claims.</p> <p><input type="checkbox"/> If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p><input type="checkbox"/> "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 10-1213 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 975* to cover the filing / additional fee is enclosed</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>							
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>* \$355 filing fee and \$620 Petition to Revoke Fee</p>							
1/19/2001							
Date							
		 Signature of Applicant, Attorney or Agent of Record					
		Felix J. D'Ambrosio, Reg. 25,721 Typed or printed name					

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